SINGLESHEET

POCAHONTAS TIMES.

This Paper is Devoted Especially to the Interests of the Farming Class.

VOL. 10 NO. 27. MARLINTON, WEST VIRGINIA, THURSDAY, JANUARY 26, 1893. $1.50 PER ANNUM

$10,000

will be paid for a recipe enabling us to make WOLFF'S ACME BLACKING at such a price that the retailer can profitably sell it at 10c. a bottle. At present the retail price is 20c.

This offer is open until January 1st., 1893. For particulars address the undersigned.

ACME BLACKING is made of pure alcohol, other liquid dressings are made of water. Water costs nothing. Alcohol is dear. Who can show us how to make it without alcohol so that we can make ACME BLACKING as cheap as water dressing, or put it in fancy packages like many of the water dressings, and then charge for the outside appearance instead of charging for the contents of the bottle?

WOLFF & RANDOLPH, Philadelphia.

PIK-RON

is the name of a paint of which a 25c. bottle is enough to make six scratched and dulled cherry chairs look like newly finished mahogonies. It will do many other remarkable things which no other paint can do.

All retailers sell it.

Official Directory of Pocahontas County.

Judge of Circuit Court,	A. N. Campbell.
Prosecuting Attorney,	L. M. McClintic.
Sheriff,	J. C. Arbogast.
Deputy Sheriff,	Geo. W. Callison.
Cl'k Co. Court,	S. L. Brown.
Cl'k Cir. Court,	J. H. Patterson.
Assessor,	C. O. Arbogast.
Com'rs Co. Ct.	C. E. Beard. G. M. Kee. Amos Barlow.
Co. Surveyor,	Geo. Baxter
Coroner	Geo. P. Moore

THE COURTS.

Circuit Court convenes on the first Tuesday in April, 3rd Tuesday in June and 3rd Tuesday in October.

County Court convenes on the 1st Tuesday in January, March, October and second Tuesday in July. July is levy term.

N. C. McNEIL,

ATTORNEY-AT-LAW.

Will practice in the Courts of Pocahontas and adjoining Counties, and in the Court of Appeals of the State of West Virginia.

L. M. McCLINTIC,

Attorney-at-Law,

Huntersville, W. Va.

Will practice in the courts of Pocahontas and adjoining counties and in the Supreme court of Appeals.

H. S. RUCKER,

Atty.-at-Law & Notary Public,

Huntersville, W. Va.

Will practice in the courts of Pocahontas county and in the Supreme court of Appeals.

J. W. ARBUCKLE,

Attorney-at-Law,

Lewisburg, W. Va.

Will practice in the courts of Greenbrier and Pocahontas counties.

Prompt attention given to claims for collection in Pocahontas county.

W. A. BRATTON,

ATTORNEY-AT-LAW,

Huntersville, W. Va.

Prompt and careful attention given to all legal business.

DR. O. J. CAMPBELL.

DENTIST,

Monterey, Va.

Will visit Pocahontas County, at least, twice a year

The exact date of his visits will appear in this paper.

DR. J. H. WEYMOUTH,

RESIDENT DENTIST,

Beverly, W. Va.

Will visit Pocahontas County every Spring and Fall. The exact date of each visit will appear in THE TIMES.

J. M. CUNNINGHAM, M. D.,

PHYSICIAN & SURGEON,

Has located at Marlinton, All call promptly ly answered.

Office in the Skiles house.

J. B. McNEILL,

AUCTIONEER,

BUCKEYE, W. VA.

Four miles below Marlinton. Business of this kind attended to anywhere in the State. Good reference.

Operation for Peach-stond in Œsophagus,

Performed on Edwin L. Beard, Esq., of Pocahontas County, at Johns Hopkins Hospital.

Prepared by J. M. T. Finney, M. D.

The patient was a man 49 years of age, a farmer by occupation. His family and personal history are good. He is of temperate habits, and beyond a severe attack of pneumonia of the left lung four years ago, he has enjoyed excellent health. The patient says that for many years he has been subject at intervals to a slight difficulty in swallowing. There was no trouble in the act of deglutition itself, but the food would stop in the œsophagus if swallowed in too large masses. He says that several of his brothers are troubled in the same way. Six years ago a piece of meat lodged in the œsophagus and stuck there for thirty hours, and then passed down spontaneously. The piece of meat stopped at the same place he thought he felt the obstruction present, indicating with his finger a point about the middle of the sternum.

Four days prior to his admission while walking in his orchard, he picked up a peach, which was not very ripe, and while eating it he stumbled and fell; in the sudden effort to recover himself he swallowed the stone. He thinks a considerable portion of the peach was attached. He immediately felt that the stone had become lodged in œsophagus "about half way down."

Prolonged and forcible attempts at removal* were made by doctors at the White Sulphur Springs W. Va. immediately after the swallowing of the stone. They worked over him passing bougies, etc., until as he expressed it 'she bled like a stuck pig." All efforts were unavailing and he was brought to Baltimore to the Johns Hopkins Hospital, where he arrived September, 5, 1892. He said he had been unable to swallow any thing since the accident except a half teaspoonful of water at a time. Had a constant feeling, at times painful, of some thing in the gullet and was tormented by a continual inclination to swallow. Expectorated at intervals apparently clear saliva in considerable quantity.

Examination on entrance revealed the following: "Fairly well nourished, rather spare man, medium large frame, nutrition normal, pupils normal, pulse full and strong. patient quite weak from having taken no food for four days and from fatigue incident from an all night journey. Heart, lungs, and abdominal organs negative. If he attempts to swallow more than the smallest quantity of water the fluid is at once regurgitated."

An ivory-tipped probang, 1 cm. in diameter, was passed down the œsophagus meeting with no resistance until 32 cm. down from the incisor teeth.† Here an obstruction was encountered and the probang could not be passed beyond this point. A distinct sensation of tapping something by the hard point of the instrument, similar to the sensation of stone in the bladder, was felt. It was impossible to dislodge the obstruction by the use of bougies. No force was used because the œsophagus had been greatly irrated* by previous efforts of the other physicians. It was impossible without ether to pass anything beyond the obstruction. I told the patient that I thought it advisable, if the obstruction could not be dislodged under ether, to open the stomach. He consented. Meantime he was given nutritive enemata and next morning, September 6, he was placed under ether. I could then pass by the obstruction with the same probang (1 cm. in diameter). The obstruction always seemed to be on the left side. When I turned the point of the probang to the right I felt nothing, but to the left and a little posterior I could feel the stone distinctly. The instrument was passed to with some little difficulty and then withdrawn. It caught slightly, but did not dislodge the peachstone in the least. Then a horse-hair probang was tried, which would not pass at all. Next was tried a flexible bougie, of small size, which passed the obstruction a short distance, and on being withdrawn was caught by some sharp object and scratched considerably. Up to this time there had been some slight doubt as to whether or not the patient had actually swallowed a peach-stone. I was now assured that there was some hard object present, and the sharp scratching point made me think its removal imperative. The field of operation having been previously prepared I made an incision about 15 cm. long, parallel to the left costal border and 2cm. below, exposed the stomach, lifted it out of the abdominal wound, and having surrounde it with sterile salt sponges made an opening from 5 to 6 cm. long, introduced the longest pair of curved forceps at hand. Without difficulty I got into the œsophagus and could touch the obstruction from below, but the same difficulty was experienced from above—I could simply touch it, that was all. After trying various instruments, among others Bieelow's lithotrite, I enlarged the wound so as to introduce my whole hand into the stomach. With my hand in the stomach, I passed my finger through the cardiac orifice and could just touch the obstruction, but no more. Then through the stomach wound I introduced the small probang, passed again the obstruction and brought it out of the patient's mouth. At the suggestion of Dr. Parker, I tied a strong piece of silk to its tip, and to the silk a small piece of sponge, and to the sponge another piece of silk, by which I could withdraw it if necessary. This I pulled down through the œsophagus, and by means of it dislodged the stone; then, with my finger, hooked it out into the stomach and removed it. It was a stone of rather small size, with a very sharp point. There was considerable hemorrhage. I used as little force as possible, but of course the mucous membrane was somewhat disturbed. I sewed up the wound, using the interrupted quilted suture for the wound, without drainage. The operation lasted over two hours. The patient had an uneventful convalescence for two weeks, the temperature and pulse varying but slightly from the normal. He did not vomit once after the operation. At first he was fed by enemata. On the third day he was allowed a little water and crushed ice by the mouth; on the fifth day a little milk, and, a day or two later, a diet of soft solids. In ten days he was up, and on the twelfth day he was out of doors on the terrace, and while there had a slight chill. His temperature rose to 102.5°, but his pulse did not rise correspondingly. From that time he had a varying elevation of temperature. An examination of his blood showed no malarial organisms. A count of the corpuscles showed a moderate leucocytosis. He was examined very carefully from time to time, but no cause for the rise in temperture could at first be discovered.

On October 8th, however, a slight dullness was detected over a small area at the base of the left chest posteriorly, with slight change in character of the breath sounds. This area increased slowly in extent until October 22nd, when it extended from the base upwards to the seventh rib, and laterally as far as the mid-axillary line. An aspirating needle was inserted and the presence of pus revealed, thus confirming our previous diagnosis of probable abscess in the mediastinum. Two days later the patient was again etherized, a portion of the eighth rib excised, and a large pus cavity evacuated, which appeared to have no communication with the pleural cavity, but seemed to be behind it.

The pleura was much thickened and the adjacent portion of the lung somewhat consolidated. The diaphragm formed the floor of the abcess. It was bounded in front by the thickened pleura and lung, behind and on the left by the chest-wall. On the right it extended beyond the median line and around the bodies of the vertebræ, thus apparantly occupying the mediastinal space. A tube was inserted for drainage.

The pus had very little odor, was thick and hemorrhagic, with small yellowish points suspended in it. These were found to be composed of polynuclear leucocytes and shreds of tissue, with man compound granular cells and fatty detritus. No tubercle bacilli or other bacteria were present. Agar-agar and gelatine cultures were all sterile.

After the evacuation of the pus his condition improved steadily, and on November 21, 1882, he left the Hospital well. I am indebted to Drs. Flexer and Bloodgood, of the Johns Hopkins Hospital, for the examination of the pus.

The reasons which induced me to open the stomach at once were the very uncomfortable condition of the patient,—his inability to swallow, the fear of possible injury produced by the evident very sharp point of the stone, with the liability to subsequent inflamation, ulceration and perforation of important adjacent structures, the failure of natural efforts to expel the stone, and our inability to dislodge it by instrumental aid. Its position excluded œsophagotomy. There was, therefore no other course of treatment to pursue but the expectant. In view of the probable result, I did not feel justified in waiting. The operation was undertaken at once while the patient was in comparatively good coedition, rather than to wait until his strength was well nigh exhausted.

It is possible, indeed it seemed to me probable, that the peach-stone had become lodged in a diverticulum of the œsophagus, and this may explain why it was felt only on the left side. A slight stricture may have existed at that point, but if so it was not detected. The fact related in his history of several previous attacks of a similar nature would seem to bear out this hypothesis.

Loreta, Bergman, Schattaur, Winslow and others have dilated œsophageal strictures by passing bougies and divalsors through pre-existing gastric fistulæ, or small openings made into the stomach for that purpose, but Dr. Maurice H. Richardson, of Boston, was the first, I believe, to do a gastrotomy for the removal of a foreign body lodged in the œsophagus. On August 5th 1886, he removed from the œsophagus of a man a plate containing four false teeth, and about the size of a silver half-dollar, which had been impacted there for 10½ months. He was unable to dislodge the teeth by means of forceps through a small opening, so enlarged the opening sufficiently to admit his whole hand. With his fingers he then readily loosened the plate, and removed it without further difficulty. The patient made a prompt recovery. This case I was fortunate enough to see.

Following closely upon this case Dr. W. T. Bull, of New York, reported the removal by gastrotomy, of a peach stone lodged in the lower part of the œsophagus. He introduced a probang from above, passed the obstruction and brought the end out through the stomach wound, tied the string and sponge to it and then withdrew, bringing up the peach stone out of the patient's mouth. This case made a good recovery.

Richardson has collected and tabulated all reported cases of gastrotomy for the removal of foreign bodies from the stomach, 33 in all; of these, 26 recovered, 4 died, add the result in 3 cases is unknown. Of the three cases of gastrotomy for removal of a foreign body from the lower part of the œsophagus, two of which, Richardson's and the one just related, were complicated by peri œsophageal abscess, all recovered. The operation may therefore be considered a fairly successful one. Under ordinary circumstances it should not be attended with any very great difficulty, but it may require the exercises of some patience and perseverance before the removal of the foreign body is accomplished.

*A marginal note says the physicians who examined the patients condition, referred to above, used no forcible means whatever to dislodge the stone. An emetic was given in hopes that the stone would be ejected by that means. Doctors Larue, of Academy, Austin of Lewisburg, and Dabney of the University of Virginia are the three this note refers to.

†About 12½ inches.

For The Times.

DR. BRIGGS.

The contest is between conservatives and progressives and the main point at issue is whether the creeds, symbols and standards of a church are to be interpreted by the ascertained teaching of the scriptures in the light of modern research or whether such teachings are to be interpreted by the aforesaid ecclesiastical documents and be accented only in so far as they may be regarded as consistant with the significance of these articles or documents. The prospect now seems that the result will be a general disposition to use a feasibly wise adaptation of unchanging principles to changing and progressive circumstances, and thus the wisely conservative and the prudently progeessive parties of any and all churches will be satisfied and a happy harmony prevail in the main and no vital saving doctrine be called in question. Let the issue be what it may, the Bible will still be in existance and thousands like Mr. Moody will sing the charge in millions of ears, "We know the Bible is inspired, because it inspires us." In that case we will have Bible Preaching, not Preaching about the Bible. These kinds of preaching differ about as much as a painted cluster of grapes, differs from the cluster that hangs upon the living vine.